

Black Archives of Mid-America

Application for board membership

**Return
form to:**

Black Archives Board Application
PO Box 411184
Kansas City, MO 64141-1184

Application form must be postmarked by **Sept. 21** for consideration by the Black Archives Advisory Committee.

Please attach any additional information that would be helpful for the advisory committee to review in considering your application.

_____	() — _____	() — _____
NAME	HOME or CELL PHONE	BUSINESS PHONE

OCCUPATION OR BUSINESS

_____	_____	_____	_____
HOME ADDRESS	CITY	STATE	ZIP

_____	_____	_____	_____
BUSINESS ADDRESS	CITY	STATE	ZIP

COMMUNITY INVOLVEMENT

SKILLS YOU WOULD BRING TO THE BLACK ARCHIVES

YOUR VISION FOR THE BLACK ARCHIVES
